

The Forty-Second Report
of the
Central Free Dispensary
at
Rush Medical College
Chicago

FOR THE YEARS 1916-17-18-19

*Endorsed by the Chicago Association of Commerce Subscription
Investigating Committee for the regular period
November 30, 1920*

LOCATED IN SENN HALL OF RUSH MEDICAL COLLEGE
1744 WEST HARRISON STREET


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The Central Free Dispensary of West Chicago

Organized May 4, 1867

Incorporated April 11, 1873

BOARD OF DIRECTORS

OFFICERS

Dr. James B. Herrick.....	<i>President</i>
Judge Jesse A. Baldwin.....	<i>Vice-President</i>
Dr. Oliver S. Ormsby.....	<i>Second Vice-President</i>
Mr. James H. Harper.....	<i>Secretary</i>
Mr. Henry W. Austin.....	<i>Treasurer</i>

Term expires January, 1921

Mr. H. S. Burkhardt	Mr. Jacob M. Loeb
Dr. William H. Wilder	Dr. Wilber E. Post
Dr. Oliver S. Ormsby	Mr. L. R. Hall
*Dr. Stanton A. Friedberg	

Term expires January, 1922

Dr. John M. Dodson	Dr. J. Clarence Webster
Mr. Asa Bacon	Hon. Henry W. Austin
Mr. James H. Harper	Mr. George Mason
Dr. Dean D. Lewis	

Term expires January, 1923

Dr. Frank Billings	Dr. Arthur Dean Bevan
Dr. James B. Herrick	Judge Jesse A. Baldwin
Fred W. Upham	Richard T. Crane, Jr.
Walter Zoller	

EXECUTIVE COMMITTEE

Dr. James B. Herrick, <i>Chairman</i>	
Judge Jesse A. Baldwin	Dr. Oliver S. Ormsby

FINANCE COMMITTEE

Dr. Wilber E. Post, <i>Chairman</i>	
Jacob M. Loeb	Dr. Arthur Dean Bevan

MEMBERSHIP COMMITTEE

Dr. William H. Wilder	James H. Harper
Asa Bacon	

*Deceased

The Staff

A MATTER which should always be borne in mind by the community which the Dispensary serves, by the Board of Directors who define its policies, by the generous friends who aid in its maintenance and by the various social agencies with which it co-operates, is that with few exceptions the service rendered by its staff of physicians is rendered gratuitously. And after all it is this service which the physician renders that constitutes the real work of the institution. Everything else that goes to make up the dispensary has value only as it aids in making more efficient the work of its staff. In behalf of the community which founded it and which maintains it to-day, the Central Free Dispensary wishes to express to its staff of physicians and surgeons its hearty appreciation of the years of faithful service they have rendered to the institution and its beneficiaries.

STAFF

GENERAL MEDICINE

Dr. James B. Herrick
 Dr. B. W. Sippy
 Dr. Wilber E. Post
 Dr. C. O. Getty
 Dr. George A. Yaeger
 Dr. Y. N. Levinson
 Dr. S. F. Waterman
 Dr. Maurice J. Sherman
 Dr. C. H. Lovewell
 Dr. H. G. Hardt
 Dr. John J. Stoll
 Dr. C. O. Rinder
 Dr. Arthur L. Tatum
 Dr. Bird McPherson Linnell
 Dr. A. B. Rimmerman
 Dr. F. W. Burcky
 Dr. F. O. Frederickson
 Dr. Elbert Clark
 Dr. N. I. Fox
 Dr. F. L. Foran
 Dr. N. S. Davis, III

GASTRO-INTESTINAL

Dr. D. P. Abbott
 Dr. L. C. Gatewood
 Dr. Marie Ortmyer
 Dr. Eva Frazer

CARDIAC

Dr. James B. Herrick

Dr. Fred M. Smith
 Dr. Samuel R. Slaymaker

DIABETES

Dr. Rolland T. Woodyatt
 Dr. W. D. Sansum

MASSAGE

Dr. Chas. O. Carlstrom

NEPHRITIS

Dr. Wilber E. Post
 Dr. C. O. Rinder

GYNECOLOGY AND OBSTETRICS

Dr. N. S. Heaney
 Dr. William F. Hewitt
 Dr. Fred W. Rohr
 Dr. Kathleen Harrington
 Dr. F. H. Harms
 Dr. M. M. Matthies
 Dr. Mary M. S. Johnstone
 Dr. Meader Ress
 Dr. Paul Welch
 Dr. A. E. Kanter

SURGERY

Dr. Arthur Dean Bevan
 Dr. Dean D. Lewis
 Dr. C. B. Davis
 Dr. A. H. Montgomery
 Dr. D. B. Phemister

STAFF—Continued

SURGERY

Dr. Franklin B. McCarty
Dr. Leigh F. Watson
Dr. E. W. Westland
Dr. Edward M. Miller
Dr. Vernon C. David
Dr. Golder L. McWhorter
Dr. Gatewood
Dr. Jay Ireland
Dr. E. C. McGill
Dr. W. M. Hanchett
Dr. H. L. Baker
Dr. H. H. Cox

PAEDIATRICS

Dr. John M. Dodson
Dr. Clifford G. Grulee
Dr. Walter H. O. Hoffman
Dr. F. W. Allin
Dr. C. T. Heidel
Dr. Arthur H. Parmelee
Dr. Oscar E. Chase
Dr. Victoria C. Bergstrom
Dr. B. E. Bonar
Dr. August Strauch
Dr. Chas. K. Stulik
Dr. Mildred Jessie Roberts
Dr. H. C. Gebhart
Dr. Ralph H. Kuhns
Dr. H. C. Johnson
Dr. I. H. Tumpeer

GENITO-URINARY

Dr. H. L. Kretschmer
Dr. R. H. Herbst
Dr. Alvin Thompson
Dr. Thomas Cottrell
Dr. Walter Venn
Dr. Theodore Drosdowitz
Dr. G. F. Farman
Dr. John L. White
Dr. H. J. Polkey
Dr. Melbourne Clements

NEUROLOGY

Dr. Thor Rothstein
Dr. J. C. Gill
Dr. Peter Bassoe
Dr. I. L. Meyers
Dr. Josephine Young

Dr. E. D. Huntington
Dr. L. L. Hardt
Dr. Loren W. Avery
Dr. E. I. Secor
Dr. H. R. Hoffman

DERMATOLOGY

Dr. Oliver S. Ormsby
Dr. E. L. McEwen
Dr. James Herbert Mitchell
Dr. E. W. Potthoff
Dr. Clark W. Finnerud
Dr. Bertha Shafer
Dr. J. F. Vaughn

EYE

Dr. Wm. H. Wilder
Dr. T. D. Allen
Dr. Wm. G. Reeder
Dr. C. H. Lockwood
Dr. G. G. Rhudy
Dr. Chas. Tuomy
Dr. H. A. Haynes
Dr. E. R. Butterfield

THROAT, NOSE & EAR

Dr. G. E. Shambaugh
Dr. Elmer L. Kenyon
Dr. H. P. Bagley
Dr. G. W. Boot
Dr. D. B. Hayden
Dr. G. A. Torrison
Dr. Edwin A. McGinnis
Dr. T. W. Lewis
Dr. John C. Williams
Dr. F. F. Thompson
Dr. H. H. Everett
Dr. Ione F. Beem
Dr. W. C. Alden
Dr. Myron E. Kahn
Dr. G. G. Rhudy
Dr. E. V. Edwards
Dr. A. C. Strong
Dr. Linn McBride
Dr. Chas. Tuomy
Dr. H. A. Haynes
Dr. H. W. Neumann
Dr. O. G. Brubaker
Dr. Frances Haines (Anaesthetist)

INDUSTRIAL MEDICINE

GENERAL MEDICINE

Dr. Harry Mock
Dr. L. C. Shafer
Dr. Y. N. Levinson
Dr. Eva Frazer
Dr. Robert S. Berghoff
Dr. H. C. Johnson

GYNECOLOGY AND OBSTETRICS

Dr. Cassie B. Rose
Dr. A. E. Kanter

DERMATOLOGY

Dr. Bertha Shafer
Dr. E. A. Oliver
Dr. Elbert Clark

Dr. N. C. Stam

GENITO-URINARY

Dr. L. D. Smith
Dr. J. A. Kohn
Dr. H. J. Polkey
Dr. Melburne Clements

SURGERY

Dr. W. M. Hanchett

THROAT, NOSE & EAR

Dr. Fowler

DENTAL

Dr. J. R. Blayney

Administrative, Social Service, Nursing and Clerical Staff

Miss Bertha B. Bennett.....*Acting Superintendent*
Miss Elsie Moser, R. N.....*Head Nurse*

SOCIAL SERVICE

Marion R. Evans.....*Head Worker, Social Service Department*
Mrs. Margaret Graham*Dietitian*
Helen K. Gloeckle.....*Worker in Eye Department*
Alice Yonkman.....*Worker in Cardiac Department*
Laura Pugh*Worker in Venereal Department*
Blanche E. Kleinman.....*Nurse in Post-Natal and Pre-Natal Departments*
Nancy P. Lambertson.....*Worker in Paediatrics Department*
Hannah Sheall.....*Worker in Orthogenic Department*

CLERICAL FORCE

Della M. Coyne.....*Stenographer, Bookkeeper and Cashier*
Dorothy M. Leary.....*Admission Clerk*
Isabella M. Ferrandino.....*File Clerk*
Lucille Frecelo*Assistant File Clerk*
Marie Plachetka.....*Switchboard Operator and Stenographer*
Audrey Danis.....*Interviewing Clerk and Clerk in Eye Department*
Henry F. Stecker*Druggist*

OUT-PATIENT OBSTETRICAL DEPARTMENT NURSING STAFF

Miss Margaret Wray

Miss Lelia Townsend

The Central Free Dispensary

THE Central Free Dispensary is maintained for the purpose of providing medical and surgical service for people who are financially unable to pay for such service. Its doors are open to all irrespective of race or creed. Need for the kind of service it can render and inability to meet that need are the only conditions of admission to its clinics.

HOURS OF ADMISSION TO CLINICS

A. M.

General Medicine	8:30 to 9:00
Renal Diseases (Wednesday and Saturday).....	8:30 to 9:00
Gastro-Intestinal Diseases	8:30 to 9:00
Cardiac Diseases (Wednesday and Saturday).....	8:30 to 10:00
Asthma Clinic (Tuesday and Friday).....	8:30 to 9:00
Children's Diseases	8:30 to 10:00
Infant Feeding (Tuesday and Friday).....	8:30 to 10:00
Nervous Diseases	8:30 to 10:00
Diabetic Class (Thursday)	8:30 to 10:00
Nutrition Class (Wednesday and Saturday).....	8:30 to 10:00
Surgery	10:30 to 12:00
Gynecology and Obstetrics	10:30 to 12:00
Orthogenic	By appointment

P. M.

Throat, Nose and Ear.....	1:00 to 3:00
Eye	1:00 to 3:00
Skin and Venereal Diseases.....	1:00 to 3:00
Defects of Speech (Tuesday and Friday).....	1:00 to 3:00
Massage (Wednesday and Saturday).....	1:00 to 3:00
Genito-Urinary Diseases	3:00 to 4:00
Industrial Medicine and Surgery (Tuesday and Friday	6:30 to 8:00

Historical Sketch

FIFTY-THREE years ago a group of public-spirited citizens of Chicago founded the Central Free Dispensary. Their purpose was to establish an institution in which poor people who were ill might receive adequate medical attention. The need for this form of service for the less fortunate members of the community was greatly accentuated by the Chicago fire and the conditions incident thereto. At the time of this disaster, the increased need for medical relief led the Chicago Relief Society to organize another dispensary on the West Side. This institution, known as the Herrick Free Dispensary, united with the Central Free Dispensary in 1873, at which time the "Central Free Dispensary of West Chicago" was incorporated under the laws of the State of Illinois.

Two years after its incorporation, the Central Free Dispensary entered into an agreement with the trustees of Rush Medical College, according to the terms of which agreement the Dispensary receives the income from a fund left by the late John Phillips in 1869 to Rush Medical College to be held in trust for dispensary purposes and is provided with rooms in the buildings of Rush Medical College, for which it pays a nominal rental. The Dispensary agreed that its medical facilities were to be made available for medical education by Rush Medical College. This arrangement has worked greatly to the interest of the patients of the Dispensary, especially in the fact that the staff of the Dispensary is composed of members of the faculty of the College.

The affiliation of the Central Free Dispensary with Rush Medical College and its removal to its present location brought it into intimate co-operative relationship with Presbyterian Hospital. This has been of greatest value in the development of our service. Many patients coming to Central Free Dispensary are found to need hospital care. Our relationship to Presbyterian Hospital and our proximity to Cook County Hospital make the arrangement of hospital care for our patients a comparatively simple matter.

For many years the administration of the affairs of the Dispensary was in the hands of a committee of the Board of Directors, known as the Committee on Dispensary Work. Supervision of the details of administration was given by Dr. John M. Dodson, Dean of Rush Medical College, and

Mr. James H. Harper, Registrar of the College. In 1914 the Board of Directors decided that the problems of the institution, especially its further development relative to the needs of the community, called for the employment of a superintendent. In January, 1915, Mr. John E. Ransom was chosen to fill this position. Mr. Ransom was inspired by high ideals and possessed the initiative and constructive ability to put these ideals into actual existence. To him is largely due the marked improvement in the work of the Dispensary since 1915.

The following table showing nationalities and racial affiliations of our new patients for the year 1919 is an index of the great cosmopolitan community which Central Free Dispensary serves :

American (white).....	3,655	Mexican	15
American (colored).....	274	Serbian	14
Jewish	2,657	Belgian	14
Italian	811	Syrian	13
German	624	Spanish	10
Irish	540	Persian	7
Bohemian	495	Welch	7
Russian	403	Bulgarian	7
Lithuanian	242	Ukranian	5
Slavic	139	Turkish	4
Swedish	139	Arabian	2
Austrian	138	Chinese	2
Greek	119	Finnish	2
English	108	Filipino	2
French	95	Lettish	2
Hungarian	91	Porto Rican.....	1
Norwegian	84	Macedonian	1
Scotch	57	Moravian	1
Danish	41	South African.....	1
Canadian	31	Sicilian	1
Hollander	39	Cuban	1
Armenian	23	Galician	1
Croatian	23	Indian	1
Swiss	22	Icelander	1
Roumanian	20		

The Sources from Which Our Patients Come

DISPENSARIES, like physicians in private practice, receive their best publicity from satisfied patients. Probably the largest number of new patients come to the dispensary because some other patient has told them about "Central Free." Others come because of our relation to Rush Medical College. Many others are referred by the various social agencies of the community who wish medical treatment for some of their clients or who seek advice concerning the physical condition, working capacity, etc., of persons whom they are endeavoring to serve. Among the institutions and agencies referring such patients during 1919 were the following:

AGENCY OR INSTITUTION	NUMBER OF PATIENTS REFERRED
Cook County Hospital	1,249
Board of Education	691
United Charities	400
Visiting Nurse Association	93
School Nurse or Doctor	65
Infant Welfare Society	39
Juvenile Court	27
Presbyterian Hospital	24
Hull House	21
Day Nurseries	14
Municipal Tuberculosis Sanitarium	12
Chicago Light House	9
Chicago Commons	7
Illinois Eye and Ear Infirmary.....	10
Chicago Dental College	7
Jewish Home Finding Society.....	6
Jewish Aid Society	6
Crippled Children's Home	5
Immigrants' Protective League	4
St. Luke's Hospital	4
Lewis Institute	3
Michael Reese Hospital	2
West Side Dispensary	2
Frances Willard Hospital	1
Legal Aid Society	1
Illinois Social Hygiene Dispensary.....	1
Children's Memorial Hospital	1

Our Contributors

PREVIOUS to 1915 the funds available for the support of the Central Free Dispensary came chiefly from two sources; the patients and the income from a small endowment. Rush Medical College was frequently called upon for material assistance. The institution had an income of approximately \$8,000 per year for operating expenses. To make the services of the Dispensary measure up more adequately to the needs of the community called for the development of administrative and social service departments and for improvements and developments in other departments of the institution. These developments have called for the expenditure of much more money than was available formerly, though the Dispensary is today maintained on a very modest budget, considering the volume and scope of its work. The funds available for the support of our work have increased from approximately \$8,000 in 1914 to over \$40,000 in 1919. The improvements in the service of the Central Free Dispensary during the last four or five years have been made possible in part by the generosity of our contributors.

CONTRIBUTIONS 1919

<div>\$1,000</div> <div>Richard T. Crane, Jr.</div> <div>Sears Roebuck & Co.</div>	<div>Marshall Field</div> <div>Wm. O. Goodman</div> <div>James B. Herrick</div> <div>Edward Hines</div> <div>Edward Hines Lumber Company</div> <div>Morton D. Hull</div> <div>George A. McKinlock</div> <div>Helen Swift Neilsen</div> <div>LaVerne Noyes</div> <div>Swift & Co.</div> <div>Alfred S. Trude</div>
<div>\$250</div> <div>Helen Culver</div> <div>Nettie F. McCormick</div>	<div>\$50</div> <div>Commonwealth Edison Company</div> <div>James Deering</div> <div>The Fair</div> <div>D. B. Fisk & Co.</div> <div>Ernest A. Hamill</div> <div>Frances D. Kellogg</div> <div>Victor F. Lawson</div> <div>A. B. Leach</div> <div>Frank O. Lowden</div> <div>Martin A. Ryerson</div> <div>Harold H. Swift</div>
<div>\$200</div> <div>Armour & Co.</div> <div>Chicago Telephone Company</div> <div>Consumers Company</div> <div>Albert W. Harris</div> <div>Marshall Field & Co.</div>	
<div>\$100</div> <div>Henry W. Austin</div> <div>Jesse A. Baldwin</div> <div>Dr. Norman Bridge</div> <div>Carson Pirie Scott & Co.</div> <div>Crane Company</div> <div>D. M. Cummings</div>	

\$25

American Insulated Wire & Cable Co.
 Mrs. P. D. Armour
 Edward P. Bailey
 James R. Baker
 A. C. Bartlett
 A. G. Becker
 Mrs. John C. Black
 Mrs. Joseph T. Bowen
 E. J. Buffington
 Joseph Byfield
 W. J. Carney
 Benjamin Carpenter
 W. J. Chalmers
 R. G. Chandler
 F. A. Hardy
 Chauncey Keep
 Mrs. W. W. Kimball
 Arthur Meeker
 H. J. Patten
 Ed. V. Price & Co.
 A. A. Sprague, II
 Vulcan Iron Works
 Mrs. Lyman Ware
 J. S. Winterbotham

\$20

Benjamin Allen
 J. J. Badenoch Company
 Edward B. Butler
 L. R. Hall
 George Mason
 George M. Reynolds
 Edward G. Uihlein
 Wm. H. Warrington

\$10

Cyrus H. Adams
 A. E. Barnhardt
 Wm. G. Beale
 Cyrus Bentley
 Mrs. Wm. Blair
 Frederick T. Boles
 E. A. Cummings
 Charles G. Dawes
 A. B. Dick
 W. A. Douglass

A. L. Eustice
 Fanny D. Farwell
 Katherine Isham Farwell
 S. S. Gregory
 Sara L. Hart
 Edward Hines Lumber Company
 George H. Holt
 Francis T. A. Junkin
 L. B. Kilburne
 Walter R. Kirk
 John W. Low
 Andrew McLeish
 LaFayette McWilliams
 V. Mueller & Co.
 Joseph R. Noel
 Joseph E. Otis
 T. W. Robinson
 Joseph T. Ryerson & Son
 Frederick H. Scott
 C. A. Sharpe
 James M. Sherman
 Mrs. Byron L. Smith
 Douglas Smith
 Solomon A. Smith
 W. D. Storey
 Silas H. Strawn
 H. B. Utley
 L. L. Valentine
 Wilder & Co.

\$5

H. E. Bullock
 N. G. Conybear & Co.
 Richard Crane
 B. A. Eckhart
 Edward A. Ferguson
 Mitchell D. Follansbee
 Kathleen Hamill
 James S. Hubbard
 Thomas J. Hyman
 James S. Kirk & Co.
 Henry C. Lytton & Son
 Elizabeth North
 L. M. Selig
 Norman Williams
 Guilford S. Wood

The following table shows the receipts and expenditures of the Central Free Dispensary for each of the last four years:

RECEIPTS				
	1916	1917	1918	1919
Cash on hand January 1.....	\$ 3,123.59	\$ 6,766.30	\$ 6,809.60	\$ 6,212.22
Cash from investments	1,690.74	1,713.43	1,548.37	1,595.40
Cash from Dispensary	17,405.00	25,855.19	27,459.56	31,175.67
Cash from Contributions	4,970.00	7,595.00	6,639.00	8,105.00
Total	<u>\$27,189.33</u>	<u>\$41,929.92</u>	<u>\$42,456.53</u>	<u>\$47,088.29</u>
EXPENDITURES				
Salaries	\$ 9,935.13	\$16,788.28	\$17,878.54	\$22,289.35
Drugs	2,324.92	2,493.26	2,285.09	2,964.61
Supplies and Expense	4,401.34	6,799.41	7,097.03	7,499.61
Throat, Nose and Ear Department.....	598.55	986.25	1,132.00	847.00
Dermatology Department	1,341.55	4,639.83	2,371.25	2,728.06
X-Ray	772.00	905.25	797.00	1,099.00
Equipment	628.87	1,640.14	785.13	1,219.07
Miscellaneous Expenses	420.67	867.90	1,898.27	3,068.08
Liberty Bonds	2,000.00
Cash on Hand.....	6,766.30	6,809.60	6,212.22	5,373.51
Total	<u>\$27,189.33</u>	<u>\$41,929.92</u>	<u>\$42,456.53</u>	<u>\$47,088.29</u>

The books of the Dispensary have been audited each of the above years by William G. Adkins, Certified Public Accountant.

The Clinics

IN commenting upon the work of several of the special clinics in the Dispensary it is not implied that their work is more valuable or significant than that of the older, larger and more general clinics. In any successful general dispensary one of the first essentials is well manned and well organized clinics in General Medicine, Paediatrics, Surgery, Neurology, Dermatology, etc. Such clinics not only treat the larger number of patients coming to the Dispensary, but act as feeders for the clinics in which more intensive work is done. On the other hand, the special clinics, by limiting their field to some one disease problem, can accomplish results frequently unobtainable otherwise.

THE SYPHILIS CLINIC

The Syphilis Clinic is the oldest and largest of the several special clinics developed during the last four years. In the campaign now being waged in Chicago against venereal disease the Syphilis Clinic of the Central Free Dispensary holds a pioneer position. This clinic was organized in 1916 primarily because it was seen that in the effective treatment of syphilis a special, well organized, well equipped clinic is essential. The growth of this special clinic is shown in the following attendance record of the Department of Dermatology, of which it is a part:

Year	Number of Visits of Patients
1915.....	5389
1916.....	6054
1917.....	12292
1918.....	12916
1919.....	14678

This clinic has the full time paid service of an expert Syphilographer, a well equipped serological laboratory in which all Wassermann and other tests are made, a social worker giving full time to follow-up and social service activities for its patients.

The program of treatment is carefully worked out and rigidly adhered to. A large part of the success of the work of this clinic is due to this systematic method of treatment and to the securing of the co-operation of the patient in keeping under treatment until treatment is completed. The work of our Syphilis Clinic has attracted much attention throughout the

country and has won the recognition and financial assistance of the United States Public Health Service and the State Department of Public Health.

DIABETES CLINIC

It is estimated that one per cent of the population suffers from diabetes. Since the community affords no special facilities for the treatment of poor people afflicted with this disease, the Central Free Dispensary has established a special clinic for their treatment and education. The problem of the diabetic patient is largely one of feeding. In our clinic, the doctor, the dietitian and the social worker work together with the patients, training them to control their disease by regulating their diet. In our food laboratory new foods and methods of preparing them are being worked out. Patients are being taught not only what to eat but how to purchase and prepare the foods prescribed for them.

For patients too poor to provide the special foods which form an essential part of their treatment, we are making such provision.

NUTRITION CLINIC

In our Nutrition Clinic are treated children who are so much below normal weight that their condition of undernourishment becomes a real handicap to their proper development. All children coming to this clinic are given a thorough physical examination in order that physical defects and disabilities which tend to prevent their proper development may be discovered and if possible corrected. Another process which goes along with this is that of interesting each child in his own problem of "getting up to weight." This is done through the organization of classes in which there may be competition in this "race for health." Boys and girls are taught what and how and when to eat, the hygiene of work, rest, recreation and other principles of healthful living. An important phase of the work of this clinic is for boys and girls referred by the Vocational Guidance Bureau of the Board of Education. These children between the ages of 14 and 16 years apply to the school authorities for permission to leave school to go to work. They are refused this permission because their weight in relation to height falls below a standard set by the Board of Education. These boys and girls eagerly avail themselves of the opportunity Central Free Dispensary offers to bring themselves up to normal weight. During an eight months' period in 1919, one hundred and fifty-seven children were referred to our Nutrition Clinic by the Board of Education.

Safeguarding Motherhood and Infancy

THE PRE-NATAL CLINIC—THE OUT-PATIENT OBSTETRICAL DEPARTMENT
THE POST-NATAL CLINIC

THE Federal Children's Bureau is authority for the statement, based upon investigation, that child-birth together with conditions incident thereto is the cause of more deaths among women of child-bearing age than any disease except tuberculosis, and that though there has been in recent years a marked lowering of the death rates from such preventable diseases as typhoid, tuberculosis and diphtheria, in this country there has been no perceptible decrease in the mortality rate for child-birth during the same period. Not only do many women die from causes related to the bearing of children but many others are disabled in varying degree by the same causes. Truly motherhood must be classed as a hazardous occupation. Nor is this all of the tragic story. In the death of a mother, society loses more than an individual member. The death rate of motherless infants is naturally higher than that of other infants and the lack of a mother in the home is a serious handicap to the welfare of the children in that home from practically every standpoint. A medical, nursing and social service organization to provide the best possible pre-natal care and instruction, home obstetrical service and post-natal care has been developed by Central Free Dispensary in conjunction with Presbyterian Hospital and Rush Medical College.

The service to a patient begins in the Pre-Natal Clinic in the Central Free Dispensary. To this clinic patients are referred by such organizations as the Infant Welfare Society, the Visiting Nurse Association, the United Charities and other social agencies, as well as by patients, friends and neighbors. In the Pre-Natal Clinic, a history is taken, special attention being given to past obstetrical experience. A careful physical examination is made, special care being taken to note any physical abnormalities and any pathology likely to cause complications during pregnancy, or at the time of confinement. The patient is given her first instructions in the hygiene of pregnancy and is told at what intervals she should return for further observation and examination. Here she meets the pre-natal nurse who will visit her from time to time to help her follow the doctor's instructions and

to make the necessary preparations for her confinement and the care of the infant. The patient is given a card bearing the telephone number of the hospital and is instructed to notify the hospital at the time her labor pains begin. Patients presenting pathological conditions are most carefully watched and for those for whom home obstetrical service may be unsafe, arrangements are made for hospital confinement. This means that the limited hospital obstetrical facilities will be utilized for the patients having the greatest need for them.

Delivery and care of mother and infant after delivery follow the regular hospital procedure. Should the attending man be called because of complications the necessary outfit for instrumental delivery is provided for his use. Should surgical interference be found to be necessary, the patient is at once taken to the hospital. Post-partum visits are made by the interne, nurse or student as conditions may indicate, the patient being discharged as a rule ten days after delivery. Post-partum nursing care is, with few exceptions, given by the Visiting Nurse Association. When home nursing care is no longer necessary the mother is advised to avail herself of the facilities of the Infant Welfare Society or of the Post-Natal Clinic in our own dispensary. Here she receives careful instruction in feeding and infant care.

The test of the efficiency of this service must lie in its effect upon maternal and infant mortality and disability rates. During an eight year period in which home obstetrical service has been furnished over 4,000 families, there were four maternal deaths, or a mortality rate of one-tenth of one per cent. There has been a correspondingly low infant mortality rate.

Gastro-Intestinal Clinic

THE Gastro-Intestinal Clinic is one of the more recently formed special clinics in the Department of General Medicine. Its patients are all referred from the Medical Department. Excellent diagnostic facilities, including those of Presbyterian Hospital, are available for the patients in this clinic. Treatment is carefully outlined and patients are systematically followed up to insure their co-operation in carrying on treatment. The growth of this clinic during a five months' period in 1919 is shown in the following table:

Month	No. of Patients
August	5
September	6
October	47
November	58
December	74

CARDIAC CLINIC

The work of the Cardiac Clinic was begun in March, 1919. The purpose of the clinic is to give the most careful observation to patients suffering from heart disease, to administer whatever treatment may be indicated and through the Social Service Department help the patient in making the adjustments of home conditions, occupation, recreation, etc., which will make for recovery or under which he can best live if recovery is impossible. The size of this clinic is shown in the following table:

	New	Old	Total
October	13	61	74
November	14	59	73
December	16	38	54

THROAT, NOSE AND EAR CLINIC

This clinic is worthy of special mention because of the large volume of operative work it does. During 1919 there were performed by the Throat, Nose and Ear Staff the following operations:

Tonsil and Adenoid.....	437
Nasal	27
	464

All patients for tonsil or adenoid operations, as well as many having nasal operations, stay at least one night in the Presbyterian Hospital. Many of

the patients served by this clinic are boys and girls referred by the Medical Examining Staff of the Board of Education.

THE ORTHOGENIC CLINIC

The Orthogenic Clinic is a subdivision of the Department of Neurology. Its function is the mental and physical examination, treatment, and to some extent the disposition of the feeble-minded and border line types of mentality. A school for border line types is conducted in connection with this clinic.

The mental examinations are made by a psychologist trained in making mental measurements, who gives the largest part of her time to the examination of those patients who come to the clinic and to the children in the school. Every patient has initial Binet and Yerkes tests. Accessory tests are often used. The children in the school are examined with great care for the purpose of determining as nearly as possible the difficulties of learning which exist. The tests are followed up to note actual progress or lack of it and to modify the teaching accordingly.

The physical examinations are made by physicians connected with the clinic. An unusual proportion of feeble-minded children are handicapped by physical defects which frequently have a large share in producing the retardation. Eyes, ears, tonsils, adenoids, teeth, and the thyroid gland therefore receive more than usual attention and children suffering from defects of these structures are referred to the proper departments in the Dispensary. Patients return to the Orthogenic Clinic if medical care is needed.

This clinic renders valuable service to other agencies in the community, especially to the United Charities, in making diagnoses of suspected mentally defective persons and giving advice as to medical and social treatment.*

THE EVENING CLINICS

The Evening Clinics were started in January, 1917, primarily in the field of Industrial Medicine and Surgery. While this phase of the work has been kept in the foreground as much as possible, the development has been toward meeting a community need for dispensary service for working people of the low income group. We now have evening clinics in General Medicine, Surgery, Dermatology, Genito-Urinary, Gynecology, Throat and Dental. Recently our Evening Clinic has been made a pay clinic,

patients, with a few exceptions, paying a fee of fifty cents per visit. This is in accord with the general policy of the Dispensary that its function is to provide adequate medical service for those patients unable otherwise to obtain it, and to let the patients share in meeting the expense called for by the maintenance of such clinics. That the evening clinic is meeting a real community need is seen by the following figures showing its growth:

Year	New	Total Visits
1917	437	3929
1918	779	6828
1919	792	8434

Social Service Department

RECOGNITION of the fact that many patients who seek the service of dispensaries and hospitals need both medical and social diagnosis and medical and social treatment has led to the organization and development of social service departments in those institutions. The causes of a patient's illness may quite as likely lie in the patient's environment as in the patient himself. Thus the Dispensary physician, if he is to understand his patient's condition and successfully to minister to him, must have in many cases some way of finding out what have been the chief factors in causing his illness or incapacity. Successful treatment may quite as likely lie in the correction of unfavorable environmental conditions and faulty habits of living as in the therapy of medicine or surgery.

The special importance of these truths in relation to dispensary medical practice lies in the fact that since dispensaries serve the poor of the community a larger number of their patients suffer from social maladjustments than would probably hold with any other group of patients. To put it another way, the poor are more likely to be exposed to adverse conditions of environment which are inimical to health than are their more prosperous fellow-men. These adverse social conditions not alone cause sickness and physical incapacity but greatly retard recovery as well. Social Service in Central Free Dispensary as in other medical institutions has come into being through a recognition of these facts. Space permits of but brief mention of the various activities of our social service workers.

CARDIAC CLINIC

The most difficult problem which presents itself to the social worker in this clinic is that of obtaining suitable employment for those patients who can work either full time or part time. This problem is being solved in part in the following ways:

- (1) By becoming acquainted with the types of employment available in the community, especially for the unskilled laborers.

- (2) Securing the interest of employment managers of industrial establishments.

- (3) Interesting employers in taking back former employes for whom suitable work can be found.

(4) Co-operating with the employment agencies of the community, especially the public agencies.

(5) Co-operation with other social agencies interested in individual patients.

Excellent co-operation has been established between our Cardiac Clinic and the Henry Favill School of Occupations. Patients have been referred with definite instructions from the doctor as to type of work, hours of work per day, etc. They are then put to work at such occupations as weaving, chair caning, basket making, sewing and general carpentry. They are carefully supervised by a trained worker who advises with the doctor as to their general ability and progress. Their hours of work are gradually increased as they become stronger. A considerable number of the patients treated in this clinic have been referred by the Board of Education, Cook County Hospital, the United Charities and other agencies.

EYE CLINIC

Since October first, 1919, a social worker has been in regular attendance in the Eye Clinic. This worker does a certain amount of technical work in the clinic, assisting the doctors and keeping an accurate record of the patients seen each day. She sees that patients needing glasses obtain them; carefully follows up and reports to the health authorities all contagious and infectious cases; and makes the necessary hospital arrangements and home adjustments for patients needing operations. A certain amount of occupational work for some of the patients is being done through co-operation with the Chicago Light House. There is need for great development along this line, as many of the patients coming to this clinic have vision so impaired that they can no longer follow their regular occupations. A large number of children between the ages of 14 and 16 who wish to leave school and go to work but who have defective vision are referred to our Eye Clinic by the Board of Education. It is most important that these children be properly fitted with glasses and instructed as to the proper use and care of the eyes.

PRE-NATAL AND POST-NATAL CLINICS

Through an arrangement made with the Visiting Nurse Association these clinics now have the services of a trained Public Health Nurse for

follow-up, home instruction, etc. Prospective mothers are kept under observation and are encouraged to return to see the doctor as frequently as their condition may suggest. In the Post-Natal Clinic instruction is given in the preparation and care of the baby's food. Most mothers greatly appreciate the interest taken in their babies and give a full measure of co-operation in return, though the nurse frequently has to overcome old world prejudices in relation to the hygiene of infancy.

One of our most interesting cases is that of a baby who came to us at the age of two months for feeding instruction. The baby had a hare lip and cleft palate. The family history was negative. The mother speaks very little English, is of a wholesome, cheerful disposition; home conditions were fairly good, in that she was clean and did well with limited facilities. The baby weighed but 7 lbs. 3 oz. when we first saw him. Five months later he had gained 6 lbs. 6 oz., he was in good physical condition and an operation was advised and accepted. During these months the mother had brought the baby to the clinic twice a week, she had followed instructions even when it took her 1 hour to feed the child with a dropper or spoon every four hours, six times in twenty-four hours, every day for weeks. Our Doctor gives wholehearted credit to his mother for the excellent condition of this baby today.

SYPHILIS CLINIC

Keeping patients interested in continuing treatment until treatment is completed constitutes an important part of the function of the social worker in the Syphilis Clinic. By preaching the gospel of the importance of treatment she persuades patients to bring in their friends who need the services of the clinic. The social worker feels a direct responsibility for each of these new patients. No doctor's private practice could thrive on first visits; no more can a clinic be a success. Particularly in a Syphilis Clinic is the percentage of return visits an index of the effectiveness of the clinic. Since the first of the year we have had 270 new patients. Carrying over 212 old patients from last year, we have a total enrollment of 472. Many of these old cases are only coming in irregularly now or monthly for Wasserman tests, but counting each one of the 472 as active, with a total attendance of 9,652, we have an average attendance of a little over twenty visits per patient.

One of our patients is a little negro boy of six whose step-brother

brought him, saying his father wanted our doctor to look at the sore on his neck. The child was Syphilitic, as was the rest of the family, and had Tuberculous glands. His teeth were in terrible condition, and it was not thought safe to send him to a dental clinic until he had some treatment. He rated mentally as a middle grade Moron with prospects of a much lower rating by the time he was 12 years, if his physical condition did not improve. Time and again he stopped coming, and a visit had to be made to get him back. Once the Juvenile Protective Association was instrumental in forcing the parents to send him for treatment. Later his teeth were cared for. He was placed in Cook County Hospital with a diagnosis of Congenital Syphilis, Tuberculous Glands, Infected Tonsils and Ringworm. He has been in the hospital since then. The glands are all healed, he has gained seven pounds in weight, and at present bears very little resemblance to the dull, dirty, sleepy-eyed youngster who first came here.

Another patient is a boy of twenty who came to the clinic with a primary lesion. He was apparently from a much better home than the majority of our patients. He said he had come here, as he did not want to go to the family doctor for fear his family would hear of it. He seemed very sure of the source of his infection, but would not give us any information, as he said it was equally his own fault and "it wouldn't be fair to tell." The social worker tried to explain to him that, as it was a girl acquaintance of his own crowd, his best boy friends might get the same infection, that it was not a matter of personal spite, but that as an educated boy it was his social duty to protect other people. On Monday, four days later, when clinic opened, he was there with a boy friend and "the girl." Neither of them would have put themselves under treatment, for some time at least, without his persuasion. On September 8th he sent in another boy friend with a secondary rash. They are all under treatment at present, and as only one had reached an advanced secondary stage prior to beginning treatment, they stand good chances of an early recovery. For the girl we cannot vouch, but we think the boys have learned their lesson.

Our Plea to the Public

THE Central Free Dispensary was organized by citizens of Chicago to meet a community need. In maintaining its service to the less fortunate people of Chicago the Central Free Dispensary is not acting of itself or for itself. It is an agent of the community. It was organized and is maintained by the community to protect health, to prevent disease, to alleviate suffering, to prevent men and their families from becoming dependent because of sickness and incapacity; in a word, to conserve the human resources, the most valuable assets of the community.

We carry on our work at a very moderate cost. Our budget for 1920 calls for less than \$50,000.00. Yet with the constantly increasing costs of maintenance and with the need for expansion and growth if we are to keep abreast with medical progress in ministering to human need, we must have more liberal support from the community.

If you believe as we do that the conservation of life and health is of fundamental importance and that preventive philanthropy is strategic service as well as the best economy, will you not help us maintain this very essential service in the community? We are not asking you to help *us*, but those whom we as your agents are serving. It is not *our* work but yours we are asking you to support. It is not *our* problems, but *your's*, *Chicago's*, *Humanity's*, we are asking you to help solve.

By-Laws of the Central Free Dispensary

As Amended January 6, 1917

ARTICLE I.

NAME, OBJECT, PLACE OF BUSINESS, AND SEAL.

Section 1. *Name.* The name of the corporation shall be the CENTRAL FREE DISPENSARY OF WEST CHICAGO.

Section 2. *Object.* The object for which said corporation is formed is in general as follows: to aid persons who are sick and unable to pay for medical attendance, and to do this work efficiently and with no pecuniary profit.

Section 3. *Place, etc.* The business of said corporation shall be located in Chicago in the state of Illinois.

Section 4. *Seal.* The corporate seal of this corporation shall contain the full corporate name of this corporation. Within the circle shall be the words, "Corporate Seal 1873."

ARTICLE II.

Section. 1. *Membership.* Any person upon the payment of \$10.00, and whose name shall be approved by the Executive Committee shall become an "Annual Member."

Any person upon the payment of \$25.00, or more, and whose name shall be approved by the Executive Committee shall become a "Contributing Member," for the period of one year.

Any person upon the payment of \$500.00, and whose name shall be approved by the Executive Committee shall become a "Life Member."

All members shall be entitled to vote at any annual or special meetings of the corporation. Voting may be either in person or by proxy, and each member shall be entitled to one vote.

All persons directors of this corporation at the time of the adoption of these by-laws shall, by reason of past services, become Members for life.

Section 2. *Membership Committee.* The president at the first meeting of the Board of Directors shall appoint, subject to the approval of the Board of Directors, a committee of three, to be known as the "Membership Committee," who shall hold office for one year, and until their successors are appointed, and whose duties shall be to solicit and recommend to the Executive Committee persons for membership.

ARTICLE III.

MANAGEMENT AND CONTROL.

Section 1. *Directors.* The affairs of the Corporation shall be managed and controlled by a Board of 21 members to be known and styled as the Board of Directors, who shall be elected by the members of the Corporation on the first Tuesday of April, 1914. Seven of the above members of the Board of Directors are to be elected to hold office for the period of one year and until their successors are elected; seven to be elected to hold office for the period of two years and until their successors are elected; and seven to be elected to hold office for the period of three years and until their successors are elected.

Section 2. *Annual Meeting.* After the year 1914, there shall be held on the third Tuesday in January of each year, annual meetings of the corporation, for the

purpose of electing directors whose terms shall have expired under the provision of the above section, and to transact such other business as may legally come before such meeting.

Section 3. *Special Meetings.* Special meetings of the members of the corporation may be called by the Secretary upon request of a majority of the Board of Directors, or upon the written request to the secretary by fifteen members of the corporation, and the call for such meeting shall state the time, place and business to be transacted, and no business other than that contained in the call shall be transacted.

Section 4. *Qualification.* Any person of good moral character, a resident of the State of Illinois, and who is a member of the corporation, may be elected a director. The vote shall be by ballot, and a majority of those voting shall be necessary for an election. At least one of the directors shall be a member of the faculty of Rush Medical College.

Section 5. *Vacancies.* Vacancies on the Board of Directors may be filled by the majority of the remaining members of the Board at any directors' meeting regularly called and held.

Section 6. *Officers.* The directors shall elect all the officers of the corporation.

Section 7. *Compensation.* No director shall receive a salary or compensation for services as director.

Section 8. *Quorum.* Twelve members of the corporation shall constitute a quorum for the transaction of business at any regular or special meeting thereof.

ARTICLE IV.

MEETINGS OF DIRECTORS, QUORUM, ETC.

Section 1. *Directors' Meetings.* The Board of Directors shall meet quarterly on the third Tuesdays of January, April, July and October, and the first meeting of said Board shall convene immediately upon the adjournment of the regular annual meeting of the members.

Section 2. *Special Meetings.* Special meetings of the Board of Directors may be called at any time by the President, and in his absence by the Secretary, on application in writing by a majority of the members of the Board, by mailing to each director, at least three days prior to the date of such meeting, a written or printed notice, stating the object, time and place of such meeting.

Section 3. *Quorum.* A quorum shall consist of *seven members* of the Board of Directors, but directors less than a quorum may adjourn the meeting to a future date.

ARTICLE V.

Section 1. *Officers.* The officers of the corporation shall be a President, a Vice-President, a Second Vice-President, a Secretary and a Treasurer, to be elected by the Board of Directors at its first meeting, and which officers shall hold their respective offices for a period of one year, and until their successors are elected and qualify.

Section 2. *President.* The President shall preside at all meetings of the Board of Directors, and at meetings of the Executive Committee; countersign orders drawn by the secretary on the treasurer, call any special meetings of the Directors or Executive Committees when he may deem it necessary, or whenever he is requested to do so by three Directors.

Section 3. *Vice-President.* In the absence of the President, the First Vice-President, and in his absence, the Second Vice-President shall perform the duties of

the President. In case of the death, resignation or removal from the State of the President, the First Vice-President shall be ex-officio President, until the end of the term to which the President shall have been elected.

Section 4. *Secretary.* The Secretary shall keep a correct record of the proceedings of all meetings of the members, Directors, and Executive Committee; draw all orders for money on the Treasurer; have the custody of the corporate seal, which he shall attach to such documents as may require the seal; make and sign all certificates of election of directors, and see that they are recorded according to law; and keep a correct and revised list of all members of the corporation, and their addresses.

Section 5. *Treasurer.* The Treasurer shall have the custody of all moneys belonging to the corporation and shall only disburse the same upon orders, signed by the Secretary and properly countersigned by the President; and funds shall be invested only upon the approval of the Board of Directors. The Treasurer shall qualify by giving to the corporation a bond, with security to be approved by the Executive Committee, conditioned for the proper keeping, use, disbursement, investment and transfer to his successor of all moneys, bonds, and other property of the corporation, which may come into his hands as such Treasurer.

Section 6. *Executive Committee.* There shall be an Executive Committee consisting of three members. The President shall be Chairman of this Committee. The other two members shall be appointed by the President subject to the approval of the Board of Directors. The members of this committee shall hold office for one year or until their successors are appointed. The Executive Committee shall have charge of the general conduct of the Dispensary and shall make general rules governing the same.

Section 7. *Fiscal Year.* The fiscal year of the corporation shall begin on the first day of January of each year, and terminate on the last day of December of the same year.

Reports. All officers shall make full and complete reports of their acts and doings in reference to the business of the corporation at the annual meetings of the members of the corporation.

ARTICLE VI.

FINANCE COMMITTEE.

Section 1. *Finance Committee.* The President at the first meeting of the Board of Directors shall appoint, subject to the approval of the Board of Directors, a committee of three to be known as the "Finance Committee," who shall hold office for one year and until their successors are appointed, and whose duties shall be to raise funds for the support and financing of this organization, and shall have power to devise plans for raising the money and providing means for carrying on the work of this corporation, and which committee shall make a report at each meeting of the Board of Directors, except the first, and at the annual meeting of the members of the corporation.

ARTICLE VII.

Section 1. The By-Laws of this corporation may be modified, altered or amended at any annual meeting of the Board of Directors, or at any adjourned session thereof, provided that the party or parties proposing the same shall mail a copy of said proposed amendment to each member of the Board of Directors, at his place of residence,

at least one week prior to the meeting at which said proposed amendment is to be offered.

ARTICLE VIII.

Section 1. *Auditing.* The books of the Dispensary shall be annually audited by a certified Public Accountant.

ARTICLE IX.

Section 1. *Rules.* Roberts' "Rules of Order" shall be the rules used in the conduct of all meetings.

